**Involvement Request Form**

|  |
| --- |
| **Please email your completed form to** Involvement@cntw.nhs.uk |

|  |
| --- |
| **Select the area of interest for Activity** |
| Staff Training Sessions |[ ]  Staff Recruitment |[ ]
| Working Groups |[ ]  Hospital inspections |[ ]
| Research Projects |[ ]  Sharing a personal story |[ ]

|  |  |
| --- | --- |
| Staff Member submitting request:*(Name and email)* |  |
| Lead Officer for Involvement Activity:*(if different to above)* |  |
| Description of involvement activity:*(150 words max, clear and concise. No jargon or abbreviations)* |  |
| Would you like Service users/Carers/Peer Supporters? How many? |  |
| Date of involvement activity: |  |
| Duration of involvement activity:*(hours/days)* |  |
| What would be the Contributors role in this activity? |  |
| Will there be any photography or filming for this request? |  |
| Location of Activity:*(Microsoft Teams/venue)* |  |